



**Compassionate Allowance Outreach Hearing for Cancers
Massachusetts Institute of Technology
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Introduction: Unum is one of the leading providers of employee benefits and services, and the largest provider of group and individual disability insurance in the United States and United Kingdom. In 2007, Unum and its subsidiaries paid more than \$6 billion in benefits to its customers. Over the past 5 years, cancer has been the number one long term disability claim within the Unum US book of business. There has been a 16% increase in paid cancer claims from 2001 to 2005.

Unum's Cancer Survivor Quality of Work Life (QWL) Study The Cancer Survivors' Quality of Work Life Study defined the key clinical, financial, vocational and emotional milestones from cancer diagnosis through a resumption of work. Correspondingly, the internal and external factors that influence lost time during cancer treatment and a successful resumption of work following cancer treatment were identified. The study provided a well defined context to discuss Social Security approval and mortality rates as they may influence the compassionate allowance discussion.

Figure 1 illustrates a distribution of short term (STD) and long term (LTD) claim outcomes for individuals (N = 25,400) submitting disability claims with the diagnosis of a malignant cancer in the study group. The data suggests a low number of deaths occur during the STD period. The STD period is typically between 90 to 180 days from the initial day of disability or first day off work. The mortality rates rise dramatically during the long term disability (LTD) period, > 6 months off work.

Figure 1 Distribution of RTW and Mortality in QWL Study Group

2001-2005								
By percent	LTD 8,400 estimated cases				STD 17,000 estimated cases			
	Open	Died	RTW	Closed*	Died	RTW	Closed*	
Breast	10.3%	24.3%	51.0%	14.4%	2.0%	46.9%	51.1%	*Other reasons to close a claim: Maximum benefits Not disabled – no RTW Not own occ. disabled Required information not provided
Colon	13.6%	44.5%	30.2%	11.7%	4.9%	41.4%	53.7%	
Prostate	12.7%	34.9%	31.0%	21.4%	1.1%	66.3%	32.6%	

Unum Group 2007

Figures 2 through 6 illustrate the patterns drawn from the 2001 to 2008 (2.28.08) data base for social security approval and mortality during the long term disability period for specific Unum cancer claims types. The following summary points establish a clear and compelling theme.

- 12.5 Average SS approval time in months for Unum LTD cancer claims (range 10.8 to 15.6 months)
- 37.5 % Average percent of Unum LTD cancer claims approved by SSA (range 25% to 54%)
- 48.7 % Average percent of Unum LTD cancer claims approved by SSA prior to the death of the Claimant (range 41.3 % to 57.6%)
- 45% Average mortality rate for Unum LTD cancer claims (range 25.4% to 70.7%)
- 68% LTD cancer deaths occur between the 7th to 24th month from day of disability
- 11% LTD cancer death occur during the first 6 months of LTD

Cancer Diagnosis Group	Average Time TO SS
Oral Cavity and Pharynx	13.4
Other Digestive Organs and Peritoneum	10.3
Colo Rectal	13.1
Respiratory and InterThoracic Organs	10.8
Skin, Bone, Connective Tissue	12.7
Breast	13.6
Other Genitourinary	12.4
Ovarian	12.2
Prostate	13.4
Unspecified	11.9
Lymphatic and Hematopoietic	13.4
In Situ	14.4
Neoplasms of Uncertain Behavior	15.6
Brain	12.4
Total	12.5

Figure 2 Unum Group LTD Average Time from Disability Date to SS Approval (In Months) Cancer Claims by Diagnosis - Claims Approved)

- Highlighted group indicates high and low approval time. Blue represents shortest approval, Grey represents those cancer claim types approved past the mean.
- The average approval time for SS Approval for Unum LTD cancer claims is 12.5 months
- The average approval times range from a low of 10.5 months to a high of 15.6 months, a 5 month differential

Cancer Diagnosis Group	% Approved
Oral Cavity and Pharynx	36.85%
Other Digestive Organs and Peritoneum	39.01%
Colo Rectal	38.36%
Respiratory and InterThoracic Organs	45.30%
Skin, Bone, Connective Tissue	40.15%
Breast	25.66%
Other Genitourinary	33.49%
Ovarian	37.68%
Prostate	41.07%
Unspecified	39.07%
Lymphatic and Hematopoietic	39.76%
In Situ	37.57%
Neoplasms of Uncertain Behavior	42.92%
Brain	54.43%
Total	37.53%

Figure 3 Unum Group LTD % of claims approved for SS Claims by diagnosis

- Highlighted group indicates high and low of percent approved ... Blue represents lowest approval, Grey represents those cancer claim types > + 3 points over the mean
- The average rate for SS approval of Unum LTD Cancer claims is 37.5%. The range is from 25% (Breast) to 54% (Brain)

Cancer Diagnosis Group	% Approved
Oral Cavity and Pharynx	49.46%
Other Digestive Organs and Peritoneum	41.32%
Colo Rectal	52.50%
Respiratory and InterThoracic Organs	46.35%
Skin, Bone, Connective Tissue	48.78%
Breast	56.76%
Other Genitourinary	43.09%
Ovarian	50.98%
Prostate	52.08%
Unspecified	44.85%
Lymphatic and Hematopoietic	46.10%
In Situ	53.97%
Neoplasms of Uncertain Behavior	52.00%
Brain	57.06%
Total	48.74%

Figure 4 Unum Group LTD % of claims Approved for SS (Prior to Death) Cancer Claims by Diagnosis Group

- The average percentage for SS Approval for Unum LTD cancer claims prior to death is 48.7%
- Highlighted group indicates high and low approval times.... Blue represents lowest percentage of claims approved. Grey represents those cancer types with approved > + 4 points over the mean
- Breast cancers that lead to death occur in the later stages of the disability period. This allows more time for an SS award prior to death.
- More than half (51.3%) of the SSA approvals come after the death of the Unum LTD claimant

Cancer Diagnosis Group	Average Death Rate
Oral Cavity and Pharynx	32.2%
Other Digestive Organs and Peritoneum	70.7%
Colo Rectal	44.4%
Respiratory and InterThoracic Organs	70.5%
Skin, Bone, Connective Tissue	49.4%
Breast	25.4%
Other Genitourinary	48.7%
Ovarian	46.5%
Prostate	39.4%
Unspecified	54.5%
Lymphatic and Hematopoietic	32.4%
In Situ	32.8%
Neoplasms of Uncertain Behavior	33.1%
Brain	59.9%
Total	45.0%

Figure 5 Unum Group LTD Claim Death Rate

- Highlighted group indicates highest death rates. Average death rate for Unum LTD cancer claimants is 45%
- Digestive organ and Lung cancers have the highest mortality (70%). They also report the shortest SS Approval time.
- Breast cancer has the lowest LTD mortality rate (25.4%). Brain cancer has an estimate 60% death rate and has the highest percentage of cases with SS approval prior to death

Figure 6 Unum Group LTD Cancer Deaths by Survival Period

- Sixty eight percent (68%) of LTD cancer deaths occur during the 18 month window (7th through the 24th month) post initial disability date.
- Eleven percent (11%) of Unum LTD cancer cases die within the first 6 months of the date of LTD disability

Cancer Diagnosis Group	LT 6 Mths	7-12 Mths	13-24 Mths	> 24 Mths
Oral Cavity and Pharynx	7.5%	36.0%	34.9%	21.5%
Other Digestive Organs and Peritoneum	13.6%	43.5%	31.8%	11.1%
Colo Rectal	6.9%	27.8%	38.4%	26.8%
Respiratory and InterThoracic Organs	13.5%	39.1%	34.1%	13.3%
Skin, Bone, Connective Tissue	13.6%	30.5%	35.4%	20.5%
Breast	7.6%	24.7%	35.3%	32.4%
Other Genitourinary	12.0%	39.5%	30.1%	18.4%
Ovarian	7.7%	25.8%	37.0%	29.5%
Prostate	7.3%	40.1%	34.9%	17.7%
Unspecified	14.9%	35.5%	32.1%	17.5%
Lymphatic and Hematopoietic	10.1%	31.9%	36.2%	21.8%
In Situ	6.5%	30.6%	30.6%	32.3%
Neoplasms of Uncertain Behavior	9.2%	31.8%	33.8%	25.2%
Brain	9.5%	32.8%	38.0%	19.7%
Total	10.96%	34.15%	34.64%	20.25%

Recommendations:

- #1 Develop an accurate and timely sharing of medical information between the Social Security Administration and the private disability vendors supporting accelerated approval and payment of disability benefits.
- #2 Create an evidence based cancer claim profile that guides the disability determination in the compassionate allowance program. Such a profile would include: 1. Diagnosis, i.e. cancer types with high mortality rates, 3. Cancer stage, 4. applied treatment protocol with prescribed treatment duration and 5. last day worked.
- #3 Develop an employer, cancer center and oncologist education partnership to: 1. define the vocational and economic impact of cancer and cancer care and 2. provide guidance on how each can be an effective partner in mitigating the financial gaps experienced by the claimant and their family

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Witness Questions

- 1) With regard to the claims of individuals with cancers that usually qualify under SSA's Listing of Impairments, what is your experience, or the experience of the people you advocate for, in filing for Social Security benefits? Are claims allowed quickly, or do they take longer than anticipated? Is HIPPA an issue?
 - ***In appropriate circumstances Unum offers claimants the use of its Social Security advocacy program led by Genex Services without any cost to the claimant.***
 - ***Depending upon the diagnosis and prognosis, cancer claims (e.g. cancers of the pancreas and lung) can be approved more quickly than other types of claims.***
 - ***Obtaining records from physicians especially the oncologist's or radiologist's is not an issue, neither is HIPPA.***
- 2) In those cases where claimants' conditions qualify for benefits and it takes longer than anticipated for claims to be allowed, what do you think are the underlying problems? For example, are there people (including SSA adjudicators, members of the medical community and others) that are unfamiliar with the names of certain cancers or how these conditions impact claimants? Is obtaining medical evidence a problem? If there are common errors, what are they? Is there a disconnect between the information the DDSs need to allow claims and the kinds of information physicians or other medical providers are accustomed to or are comfortable providing about their patients?
 - ***The medical community as a whole is very unfamiliar with how to handle disability claims. Understanding policies, protocol, what restrictions and limitations are, and how they relate to disability is misunderstood.***
 - ***It's not that the medical community does not want to provide information regarding a disability claim it just does not understand what and why the information is needed.***
 - ***The more specific we are with our requests the better results are obtained. For example, sending/faxing specific diagnostic questionnaires to the physicians may result in faster turn-around-times and quicker decisions rather than blanket request for medical records.***
- 3) With regard to claims that qualify under SSA's current listings, what suggestions do you have for improving the current system for individuals with cancers? For example, would access to a list of cancer descriptions, which included the disease prognosis and the objective medical evidence needed to establish the conditions, be helpful to adjudicators? Can you suggest new ways that medical information pertaining to SSA's functional criteria could help improve the adjudicatory process?
 - ***A list of cancer descriptions is a start with the emphasis on clear cancer stages and pathology reports to develop accurate prognosis.***
 - ***Define treatment protocols, e.g. Chemotherapy, surgery or radiation. The prognosis and how long a person will be in treatment can be determined.***
 - ***The American Cancer Society has multiple statistics available for prognosis in regards to cancer type and staging.***

- 4) SSA currently has processes in place designed to expedite the processing of claims. One process involves terminal illness (TERI) cases under the Disability Insurance (DI) program and Supplemental Security Income (SSI) program – and the other involves presumptive disability payments under the SSI program. How are these processes working for individuals with cancers?
- ***We have seen the TERI in action during a meeting w/ the SSA; they showed an example of an allowance in 21 days for Pancreatic Cancer.***
- 5) With regard to claims that qualify under SSA's current listings, what suggestions do you have for improving the current system for individuals with cancers? For example, would access to a list of cancer descriptions, which included the disease prognosis and the objective medical evidence needed to establish the conditions, be helpful to adjudicators? Can you suggest new ways that medical information pertaining to SSA's functional criteria could help improve the adjudicatory process?
- ***A list of cancer descriptions is a start with the emphasis on clear cancer stages and pathology reports to develop accurate prognosis.***
 - ***Define treatment protocols, e.g. chemotherapy, surgery or radiation. The prognosis and how long a person will be in treatment can be determined.***
 - ***The American Cancer Society has multiple statistics available for prognosis in regards to cancer type and staging.***
- 6) Please tell us about other suggestions you have about how we can improve our service to individuals with cancer?
- ***A common characteristic of cancer patients/survivors is the desire to return to work and regain some sense of normalcy. While we may feel the patient is too sick or disabled to consider full time work, they will try to get their life back to normal as quickly as possible through well defined transitions.***
 - ***The opposite is possible when the individual changes priorities and decides that if they only have so much time left, even if they are able to RTW they will not. There appears to be a preference to spend time with family and friends or other pursuits.***
 - ***SSA needs to ensure that the Trial Work Period as it is currently designed is consistent with private insurance models. Given improved medical technology, treatment protocols and productivity barriers such as fatigue and chemo brain, the 9 month TWP may not be long enough for these patients.***
 - ***Keeping in mind that technology and medical/medication changes and improvements are a constant, any protocol adopted should be reviewed at a minimum of every two years.***
 - ***SSA appears to be very slow in updating medical criteria. Given the pace of medical changes in this area, frequent (even yearly) updates to the guidelines/listings would be valuable. Of course, such updates are not limited to Cancer claims but rather would be applicable across the board.***